



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo, and Mono Counties

515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

APPLICATION FOR APPROVAL
EMS CONTINUING EDUCATION PROVIDER

CHECK ONE: ☐ NEW ☐ RENEWAL ICEMA CE PROVIDER # 62-

1. C.E. PROVIDER NAME: _____
HEADQUARTERS ADDRESS: _____
CITY/ZIP: _____ PHONE #: _____
EMAIL: _____ FAX #: _____
2. _____
C.E. PROGRAM DIRECTOR (*full name/title*) (Attach Resume) EMAIL ADDRESS
3. _____
C.E. CLINICAL DIRECTOR (*full name/title*) (Attach Resume) EMAIL ADDRESS
4. PROVIDER IS: ☐ Local EMS Agency ☐ University/College
(CHECK ONE) ☐ Base Hospital ☐ Other School
☐ Other Hospital ☐ Licensed Educational Business
☐ Prehospital Service Provider ☐ Other Governmental Agency
☐ EMT-P/I Training Program ☐ Other CE Provider CE#: _____
☐ Individual Approving Authority: _____
5. **Attach resumes** of C.E. Program Director and Clinical Director, demonstrating that individual's experience and qualifications in prehospital care/education, in accordance with ICEMA Protocol Reference No. 14011, "Continuing Education (CE) Provider Policy", effective 04/01/05. **Include copies** of all current licenses/certifications.
6. Submit \$200.00 application fee. Fees are non-refundable and non-transferable.

I certify that I have read and understand ICEMA's "Continuing Education Provider Policy," Reference No. 14001, and that I/this agency will comply with all guidelines, policies and procedures described therein, and comply with the requirements for CE Providers as set forth in Title 22, Division 9; Chapter 11 of the California Code of Regulations. I agree to comply with all audit and review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

Signature - Continuing Education Program Director

Date

Signature - Continuing Education Clinical Director

Date

(ICEMA Use Only)

Application Rec'd Date	Reviewed By	Approval Date	Expiration Date	Provider Number	CE Level BLS/ALS/Both	Receipt No.
				62-		

Comments: _____